

Work Order ID 100368

April-22-13 1:02:48 PM

Item ID: 646.3313

Revision ID:

Item Name: Upper Guide

Start Date: 4/22/13 Start Qty: 10.00

Accept

\*N900040100\*

Setup Start

\*NS1\*

Required Date: 4/22/13 Req'd Qty: 10.00

\*10\*

\*10\*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: M5

Date: 13-04-23 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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646.3300	N/C								
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100		0.00							
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*100*	BAND SAW								
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Bandsaw	Memo	0.00							
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Jeaspa Bandsaw	Cut Blank at 13.500"								
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\*\*\* ONE BLANK MAKES TWO PARTS\*\*\*

110		0.00							
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*110*	HAAS CNC VERTICAL MACHINING #1								
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HAAS 1	Memo	0.00							
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HAAS CNC vertical machine #1	1-Machine per folio FB152								
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DWG REV: N/C  
FOLIO REV: A4

2- deburr and break all sharp edges

13/05/08

10 8

10 8

8

Page 1

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																		
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector										
Doc/Data																								
Equip/Tooling																								
Operator																								
Material																								
Setup																								
Other																								
Process																								
Supplier																								
Training																								
Unapproved																								
FAULT CATEGORY																								
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio					<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge					<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled				

Work Order ID 100368

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\*100368\*

Page 2

Item ID: 646.3313

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Upper Guide

Stop

\*NS2\*

Start Date: 4/22/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

CRH 13/05/08

10 0

\*120\*

QC

Quality Control

130

QC8- Inspect parts - second check

0.00

SH 13-05-09

10 0

\*130\*

QC

Quality Control

131

0.00

\*131\*

HandFinish

Hand Finishing

Memo

0.00

CLEAN AND REMOVE ALL PART MARKING

10 26/3/5-27

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

OA Closed: Date:

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>				DISPOSITION		AGAINST DEPARTMENT/PROCESS						
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
<p>Landing Gear</p> <p><input type="checkbox"/> Bending</p> <p><input type="checkbox"/> Centre Not Concentric to O/S</p> <p><input type="checkbox"/> Cracks</p> <p><input type="checkbox"/> Crushed/Crimped</p> <p><input type="checkbox"/> Cuffs</p> <p><input type="checkbox"/> Heat Treat</p> <p><input type="checkbox"/> Inspection Strip in Tube</p> <p><input type="checkbox"/> Ripples in Bend</p> <p><input type="checkbox"/> Torque Waves in Extrusion</p> <p><input type="checkbox"/> Turning Sequence</p> <p><input type="checkbox"/> Wave/Twist in Tube</p>				<p>General</p> <p><input type="checkbox"/> Bend</p> <p><input type="checkbox"/> BOM/Route</p> <p><input type="checkbox"/> Broken/Damaged</p> <p><input type="checkbox"/> Burrs</p> <p><input type="checkbox"/> Contamination</p> <p><input type="checkbox"/> Countersink</p> <p><input type="checkbox"/> Cut Too Short</p> <p><input type="checkbox"/> Drill Holes</p> <p><input type="checkbox"/> Drawing</p> <p><input type="checkbox"/> Finish</p> <p><input type="checkbox"/> Folio</p>			<p><input type="checkbox"/> Grain</p> <p><input type="checkbox"/> Hardware</p> <p><input type="checkbox"/> Inspection Incomplete</p> <p><input type="checkbox"/> Instructions Incomplete/Unclear</p> <p><input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Mislabeled</p> <p><input type="checkbox"/> Misread</p> <p><input type="checkbox"/> Offset</p> <p><input type="checkbox"/> Out of Calibration</p> <p><input type="checkbox"/> Out of Sequence</p> <p><input type="checkbox"/> Outside Dimensions</p>				<p><input type="checkbox"/> Ovalized</p> <p><input type="checkbox"/> Over/Under tolerance</p> <p><input type="checkbox"/> Part Incorrect</p> <p><input type="checkbox"/> Part Lost/Missing</p> <p><input type="checkbox"/> Part Moved</p> <p><input type="checkbox"/> Positioned Wrong</p> <p><input type="checkbox"/> Power Loss/Surge</p> <p><input type="checkbox"/> Other</p>	

Work Order ID 100368

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Page 3

April-22-13 1:02:48 PM

Item ID: 646.3313

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Upper Guide

Stop

\*NS2\*

Start Date: 4/22/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 <b>*140*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>Col 13/05/28 10</i>
Outsource process - Anodize	Memo	0.00							
	Issue P/O: <i>19997</i>								
	Black Anodize as per Dwg 646.3300								
150 <b>*150*</b> Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>10x</i>
Packaging	Memo	0.00							<i>SP 13-6-6</i>
155 <b>*155*</b> QC	QC5- Inspect part completeness to step on W/O	0.00							<i>N/A</i>
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other

Work Order ID 100368

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Page 4

April-22-13 1:02:48 PM

Item ID: 646.3313

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Upper Guide

Start Date: 4/22/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

Spray Painting per QSI005 4.2

0.00

\*160\*

SprayPaint

Spray Painting

Memo

0.00

PRIME AS PER DWG, SEE NOTE #2

PRIMER BATCH: 125452

CD 13/05/28

170

QC14- Inspect Spray Paint

0.00

045  
27  
88

\*170\*

QC

Quality Control

Memo

0.00

1367

10

180

Identify as per dwg & Stock Location: 81535 0.00

\*180\*

Packaging

Packaging

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

16x

88  
13-6-7

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____		NCR No. _____								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bend <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	General <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burr <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>	Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabelled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>		

Work Order ID 100368

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Page 5

April-22-13 1:02:48 PM

Item ID: 646.3313

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Upper Guide

Start Date: 4/22/13 Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 4/22/13 Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

13/6/10 JG

\*10\*

QC

Quality Control

Memo

0.00

MF  
13-6-10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Part No. _____ NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

# Picklist Print

April-22-13 1:02:47 PM

Page 1

Work Order ID: 100368

Parent Item: 646.3313

Parent Item Name: Upper Guide

Start Date: 4/22/13

Required Date: 4/22/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 12/11/14 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X0.375 7075-T6 BAR 5.000" X 0.375"		Purchased	No			100	f	59.9160	0.563	5.9263158			

Location	Loc Oty	Loc Code
MAT049	59.916	
123218	44.362	
123418	15.554	

*5.93* MH 03/05/07

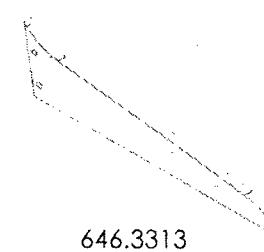
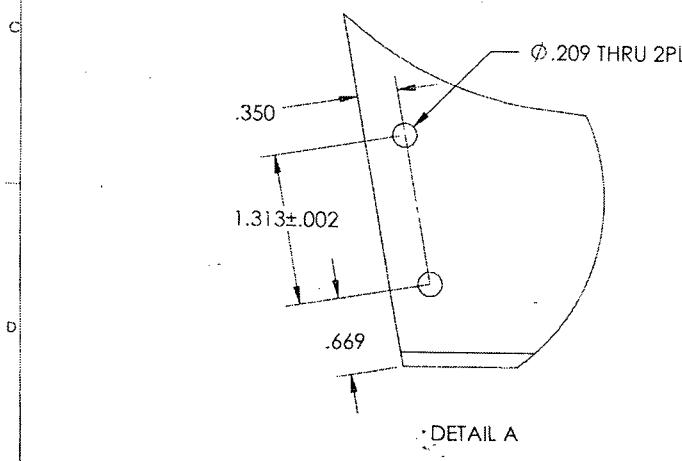
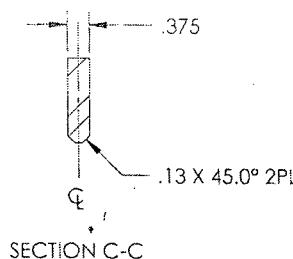
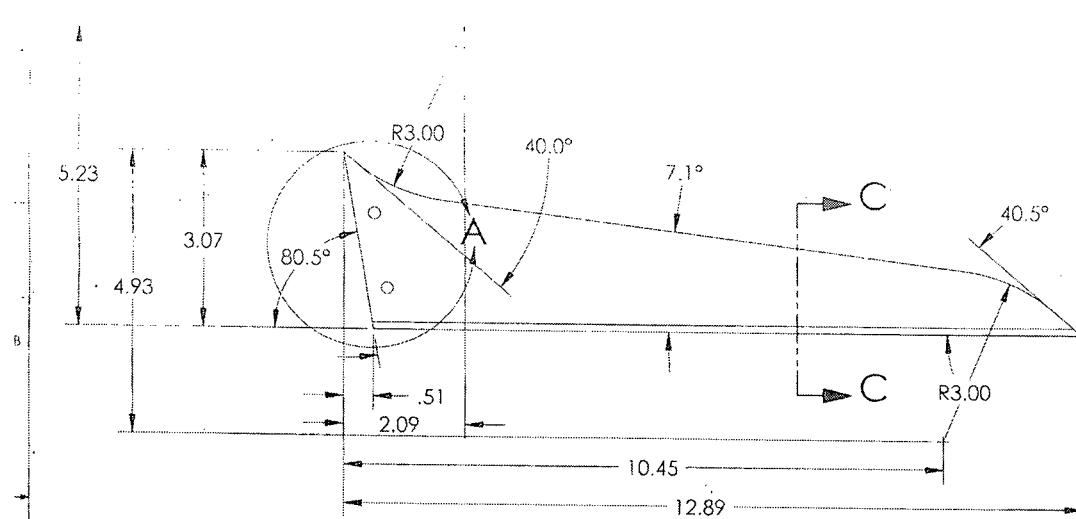
NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: Date:

Work Order: _____ Part No. _____ NCR No. _____				<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector			
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
<b>FAULT CATEGORY</b>															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	



100368.MLS  
13-04-23

DRAWING DATE	10-03-2017	REV	00
DRAWN BY		CHIEF	P. DIAVO
DESIGNED BY		DESIGNER	
TECHNICAL APPROVED		TECHNICAL	
REVIEWED		REVIEWED	
CONTRACTED		CONTRACTED	
APICAL INDUSTRIES			
2608 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA 92054-3512 (760)724-5310			
UPPER CUTTER ASSY			
UNLESS OTHERWISE SPECIFIED		UNIT	
STOCK CODE	DNG NO	WT	
6	646.3300	1/4	
SPC. DRAWN BY		SCALE	
SPC. DRAWN DATE		HONE	
SPC. DRAWN BY		1	
SPC. DRAWN DATE		5 OF 8	

DART AEROSPACE LTD	Work Order:	100-368
Description: UPPER CUTTER	Part Number:	144-3313
Inspection Dwg: 144-3313 Rev: N/C		Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

Measured by:	<i>Onf</i>	Audited by:	<i>JK</i>	Preliminary Approval:	
Date:	13/05/08	Date:	13-05-09	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.  
 731, rue Industrielle Rd.  
 PLATING DEPARTMENT  
 Rockland, On K4K 1T2  
 Canada  
 Ph: (613) 446-4544  
 Fax: (613) 446-4556

### Pack List

Number: 62433

Date: 06-Jun-13

#### To

DART AEROSPACE LTD  
 1270 ABERDEEN ST.  
 HAWKESBURY, ON K6A 1K7  
 Canada

#### Ship To

DART AEROSPACE LTD  
 1270 ABERDEEN ST.  
 HAWKESBURY, ON K6A 1K7  
 Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 10 PCS 646.3310 <del>10 PCS 646.3312</del> <del>10 PCS 646.3313</del> 10 PCS 646.3610  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N Job: 20130348	Rev:  PO: 19997 Line:
1 lot	Part: ASST <del>20 PCS 646.3712</del> <del>20 PCS 646.3716</del> <del>19 PCS 646.3711</del>  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N <del>12 PCS D4703-043</del> BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130347	Rev:  <del>PO: 20070</del> Line:  <i>SP B-6-6</i>
	Certificate of Conformance	



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PLATING DEPARTMENT  
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Canada  
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HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	<p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>6/6/13</u></p> <p>CERTIFIED SIGNATURE : <u>M</u></p> <p>RECEIVER SIGNATURE : _____</p>

\*\*\*OUTSTANDING PO REPRINT\*\*\*

Purchase Order ID PO19997

Purchase Order Date 5/28/2013

PO Print Date 6/6/2013

Page Number 2 of 4

Order From :

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	613-446-4544	Requisition Nbr	
Vendor Fax	613-446-4556	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
		Special Inst:	FINISH BLACK ANODIZE PER IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK			
			FINISH: PRIME AS PER IAW MIL-P- 23377J TYPE I CLASS N			
3	100542	646.3312 CENTER PLATE	6/7/2013 Yes	✓ 10.00	\$12.4625	\$124.63
		Special Inst:	FINISH BLACK ANODIZE PER IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK			
			FINISH: PRIME AS PER IAW MIL-P- 23377J TYPE I CLASS N			
4	100368	646.3313 UPPER GUIDE	6/7/2013 Yes	✓ 10.00	\$12.4625	\$124.63
		Special Inst:	FINISH BLACK ANODIZE PER IAW MIL-A-8625 TYPE III,			

6/6/2013